

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

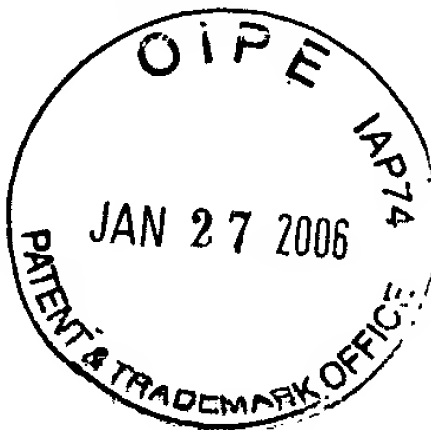
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000530 7590 11/16/2005

LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK
600 SOUTH AVENUE WEST
WESTFIELD, NJ 07090

01/27/2006 MGBREN2 00000021 121095 09916934

01 FC:2501 700.00 DA
02 FC:8001 39.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

09/16/93 07/27/2001

Odd N. Oddsen JR.

INNOFF-3-0-006 DTR

9122

TITLE OF INVENTION: METHOD OF MAKING A CONFIGURABLE MOUNT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1400 700	\$0	\$1400 700	02/16/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HONG, JOHN C	3726	029-525110			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LERNER, DAVID, LITTENBERG,

2. KRUMHOLZ & MENTLIK, LLP

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Innovative Office Products, Inc.

Easton, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 13

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 1/27/06

Typed or printed name

Arnold H. Krumholz

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box ☒PTO/SB/06 (03-01)
Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. INNOFF 3.0-006 DIV	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Odd N. Oddsen, Jr.	
		Title CONFIGURABLE MOUNT	
		Express Mail Label No. EL804525561US	
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification (Total Pages 19)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
(preferred arrangements set forth below)		b. Specification Sequence Listing on:	
- Descriptive title of the invention		1. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	2. <input type="checkbox"/> paper
- Cross Reference to Related Applications		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Statement Regarding Fed sponsored R & D		ACCOMPANYING APPLICATIONS PARTS	
- Reference to sequence listing, a table, or a computer program listing appendix		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Background of the Invention		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Brief Summary of the Invention		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Brief Description of the Drawings (if any)		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) (PTO-1449) <input type="checkbox"/> Copies of IDS Citations	
- Detailed Description		13. <input type="checkbox"/> Preliminary Amendment	
- Claim(s)		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
- Abstract of the Disclosure		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/36 or its equivalent.	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets 19)		17. <input type="checkbox"/> Other:	
5. Oath or Declaration (Total Pages 2)			
a. <input type="checkbox"/> Newly executed (original or copy)			
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuations/divisionals with Box 18 completed)			
1. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached detailing inventor(s) named in the prior application, see 37 CFR 1.83(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.78			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.78:			
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/406,531			
Prior application information: Examiner Kimberly Wood Group / Art Unit: 3632			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
Name		000530	
Address			
City		State	Zip Code
Country		Telephone	Fax
Name (Print/Type) Stephen B. Goldman		Registration No. (Attorney/Agent) 28,512	
Signature		Date July 27, 2001	
Express Mail Label No. EL804525561			

BEST AVAILABLE COPY



PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FACSIMILE TRANSMISSION**ISSUE FEE TRANSMITTAL,
COPY OF UTILITY PATENT APPLICATION TRANSMITTAL AND
FEE TRANSMITTAL DATED JULY 27, 2001****ATTORNEY DOCKET NO.: INNOFF 3.0-006 DIV****APPLICATION NO.: 09/916,934****CONFIRMATION NO.: 9122****MAILING DATE OF NOTICE OF ALLOWANCE: November 16, 2005****FAX NUMBER: (571) 273-2885****PAGES INCLUDING COVER SHEET: 4****PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office.

on January 27, 2006
Date

Signature

Arnold H. Krumholz; Reg. No. 25,428

Typed or printed name of person signing Certificate

507

626872_1.DOC